



**STATE OF WISCONSIN**  
**Division of Hearings and Appeals**

---

In the Matter of

DECISION

FOO/146551

---

On January 11, 2013, the above-named petitioner (CARES # [REDACTED]) requested a hearing. Prior to concluding the hearing held on February 19, 2013, the parties reached a stipulated agreement. The agency was represented by Tim Gessler. The stipulated agreement follows:

The petitioner agrees to complete and return any self-employment forms (provided by the agency) to the agency within ten (10) days of the date this stipulation is issued.

If, and only if, petitioner timely submits the information detailed above, the agency agrees to (1) review the self-employment information; (2) redetermine petitioner's FS effective January 1, 2013 and ongoing; (3) issue any FS accordingly; and (4) to issue a notice regarding that redetermination. The agency also agreed to issue petitioner FS for February 2013 to comply with the Division of Hearings and Appeals' Order to continue those benefits. If the redetermination of benefits finds petitioner eligible for FS, the FS for February 2013 shall offset any FS issued per the Order. These actions shall be taken within ten (10) days of the date petitioner submits the information detailed above, but no more than a total of twenty (20) days from the date this stipulation is issued.

**NOW, THEREFORE, it is ORDERED**

That the matter be remanded to the agency with instructions to take all administrative steps in accordance with the above stipulation.

**REQUEST FOR A REHEARING**

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES OF INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wisconsin Statutes § 227.49. A copy of the statutes can be found at your local library or courthouse.

## **APPEAL TO COURT**

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed no more than 30 days after the date of this hearing decision (or 30 days after a denial of a rehearing, if you ask for one).

For purposes of appeal to Circuit Court, the respondent in this matter is the Department of Health Services. Appeals must be served on the Office of the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Madison, Wisconsin, 53703.

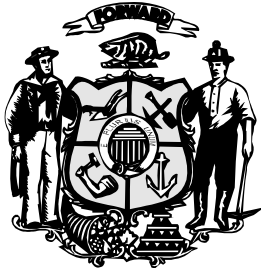
The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wisconsin Statutes §§ 227.52 and 227.53.

Given under my hand at the City of  
Milwaukee, Wisconsin, this 20th day of  
February, 2013

---

\sKelly Cochrane  
Administrative Law Judge  
Division of Hearings and Appeals

cc: Sheboygan County Department of Human Services, [ecimpfairhearings@co.sheboygan.wi.us](mailto:ecimpfairhearings@co.sheboygan.wi.us)  
- [ecimpfairhearings@co.sheboygan.wi.us](mailto:ecimpfairhearings@co.sheboygan.wi.us)  
Division of Health Care Access and Accountability, [DHSDHADHCAA@Wisconsin.gov](mailto:DHSDHADHCAA@Wisconsin.gov) -  
[DHSDHADHCAA@Wisconsin.gov](mailto:DHSDHADHCAA@Wisconsin.gov)



## State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

David H. Schwarz  
Suite 201  
5005 University Avenue  
Madison, WI 53705-5400

Telephone: (608) 266-3096  
FAX: (608) 264-9885  
email: [DHAMail@wisconsin.gov](mailto:DHAMail@wisconsin.gov)  
Internet: <http://dha.state.wi.us>

The preceding decision was sent to the following parties on February 20, 2013 .

Sheboygan County Department of Human Services  
Division of Health Care Access and Accountability